

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

341

State File No. _____ Registrar's No. 120

1. Place of Death: (a) County Navajo (b) City or Town Winslow (c) Location Winslow Gen Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 1 day; In Arizona 1 day
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Calif (b) County Humboldt (c) City or Town Eureka
(If outside city limits also write RURAL)

(d) Street No. 917 4th St. (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (f) Social Security No. 570-09-2902

3. (a) FULL NAME Sidney Walter Mabey (b) If Veteran name war World War 2

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Divorced

6. (b) Name of husband or wife Marjorie 6. (c) Age of husband or wife, if alive 22 yrs.

7. Birthdate of deceased June 28 1921
(Month) (Day) (Year)

8. AGE: Years 24 Months 4 Days _____ If less than one day hrs. _____ min. _____

9. Birthplace Myton Utah
(City, town or county) (State or Country)

10. Usual Occupation Soldier

11. Industry or Business U.S. Army

Father { 12. Name Sidney Walter Mabey
13. Birthplace Trenton Missouri
(City, town or county) (State or Country)

Mother { 14. Maiden Name Blanche Irene Wilson
15. Birthplace Lamar, Colo.
(City, town or county) (State or Country)

16. (a) Informant's own signature J. P. Seal
(b) Address Winslow

17. (a) Burial, Cremation or Removal Removal
(b) Place Eureka, Calif. (c) Date 10-22-45

18. (a) Embalmer's Signature J. P. Seal
(b) Funeral Director Scatter McMillan
(c) Address Winslow

19. (a) 10-22-45
(Date received Local Registrar)
(b) Mrs Ed J Cahill
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) 10-19, 1945
TIME (Hour and minute) 7:05 P.M.

21. I hereby certify that I attended the deceased from 10-18, 1945 to 10-19, 1945
that I last saw him alive on 10-19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull

Due to auto accident

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Auto accident
(b) Date of occurrence 10-18-45
(c) Where did injury occur? At Elbrook Navajo Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? No (e) Means of injury Auto accident

23. Signature Wm. J. Seal M. D.
Address Winslow Date signed 10-22-45

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically